**Town of J gdt qp Birth Certificate Application** Hebron Town Clerk, 15 Gilead Stree, Hebron, CT 06248 Phone: 860-228-5971 ext: 124

## PLEASE PRINT

FULL NAME ON CERTIFICATE:			
FIRS		DDLE	LAST NAME
DATE OF BIRTH: / / / Year	PLACE OF E	BIRTH:	Town/City
			-
FATHER'S FULL NAME:			
MOTHER'S MAIDEN NAME:			
PERSON MAKING THIS REQUEST:			
NAME			
NAME:	MIDDLE	-	LAST NAME
ADDRESS:			
NUMBER/STREET/ UNIT #			
TOWN/CITY:	ST.	ATE:	ZIP CODE:
SIGNATURE: DATE:			
RELATIONSHIP TO PERSON NAMED ON CERTIFICATE:			
CERTIFICATE SIZE:			
□ FULL SIZE \$20.00			TOTAL NUMBER OF COPIES:
	The wallet size birth certificate contains		X \$20.00 = \$
Number of copies:	Number of copies: less information than the full size certificate. It may not satisfy all proof of		X \$15.00 = \$
A minor must have a parent or guardian's	identification requirements such as those needed for a passport.		TOTAL: <b>\$</b>
signature on this form for a full size copy.	needed for	a passport.	PLEASE DO NOT MAIL CASH
Attach a copy of the <u>requester's</u> valid government issued photo		Please mail the completed request with the following	
ID or passport below:		requirements:	
OR two (2) forms of the following:		• Money order made payable to the Town of Hebron.	
<ul> <li>Social Security card</li> </ul>		<ul> <li>Photocopy of current government issued photo ID.</li> <li>(If applicable) verification of relationship to the</li> </ul>	
• Written verification of identity from employer			or example, an individual requesting his/her
<ul> <li>Automobile registration</li> <li>Copy of utility bill showing name &amp; address</li> </ul>		parent's birth certificate must provide a certified copy of	
<ul> <li>Voter's registration card</li> </ul>			birth certificate). lf-addressed stamped envelope.
• Checking account deposit slip			n adaressed sumped envelope.
• Current school or college photo ID		Mail request to: To	wn Clerk, 15 Gilead Street
			Hebron, CT 06095